PTO	/SB/06 (1	08-D:
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Under the Paperwork Reduction Act of 1995, no persons are required to the 1995 and 1995 are required to the 1995 are required to 1995 are required to 19						Application of Dodge Humber					
October 1 2004 Substitute for Form PTO-875								2			
	CLAIMS AS FILED - PART I (Column 1) (Column 2)		SMALL E	NTITY	OR	OTHER SMALL					
	OR .	NUMBE		NUMBE	R EXTRA		RATE	FEE		RATE	FEE
BASIC FEE								,395	OR		.190
TOTAL CLA	IMS	 	minus 20				x,9.		OR	x \$ 8=:	
(37 CFR 1.1)	ENT CLAIM	s		-			×44 =		OR.	x s 88 =	
(37 CFR 1.16(b)) minus 3 • * ANULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			+.150=		OR	+:300=					
MULTIPLE DEPENDENT CLAMPRESERT (S. G. T.											
"If the difference(in column 1 is less than zero, enter "0" in column 2. TOTAL OR TOTAL OR TOTAL OR TOTAL OR TOTAL OR SMALL ENTITY.											
1112	<i>S</i> DLJC _L	AIMS AS AME	ENDED .	- PARI II			•		OR	OTHER	
11,10		(Calumn 1)		(Column 2)	(Cotumn 3)		SMALL E	YTTTN	1	SMALL	ENTITY
₹ Y		CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE '	ADDI- TIONAL FEE		rate	ADDI- TIONAL FEE
	Total R 1.16(c)	AMENDMENT	Minus	-26	=	1	x 5 9 =		OR	x 1/8 =	
N indep	pendent R L16(b))	· #	Minus	-3	-		x 44 =	·	OR	x \$ 88' =	88
¥ FIRS	T PRESENT	ATION OF MULTIPLE	DEPENDE	NT CLAIM (37 CF	R 1.16(d))		+150=		OR	+,200.	
Par Cetra money				•	TOTAL ADD'L FEE		OR:	ADOL FEE			
5/10	JAK	- ·,·		(Column 2)	(Column 3)					<u> </u>	
7 7		(Column 1) CLAIMS		HIGHEST	PRESENT	1	RATE	ADDI-	1 '	RATE	ADDI-
F A		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	EXTRA		RATE	TIONAL FEE		7 1	TIONAL- FEE
	Total FR 1.16(c))	.25	Minus	-26	\ <u>-</u>		x 3.4 =		OR	x 1/8 -	0m 00
Z Inder	pendent FR 1.16(b))	.95	Minus	··· (\$)	1		x : 44 =		_ 6₩	× .88	(200,00)
<u> </u>	T PRESENT	ATION OF MULTIPL	E DEPEND	ENT CLAIM (37 C	FR 1.16(0)		+ \$ 150 =		LOA	+,300	
TOTAL ADDITEE OR ADDITEE 300,00											
		(Column 1)		(Column 2)	(Column 3)		·		_		Paid
O L		CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MENT	Total	AMENOMENT	Minus	PAID FOR	-	1	x : 9 =		OR	x \$ 18 =	
2 Inde	PR 1.16(c))	·	Minus		=	1	x s/4 =		OR	x : 58 =	
(37 CFR 1.16(d)) X FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) +							+1/50=		OR	+ 300=	
TOTAL ADD'L FEE OR ADD'L FEE											
If the entry in column 1 is less than the entry in column 2, write '0' in column 3. If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20".											

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number lound in the appropriate box in column 1.

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